

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/17/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G703		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 10/14/2011	
NAME OF PROVIDER OR SUPPLIER  ARC BRIDGES INC				STREET ADDRESS, CITY, STATE, ZIP CODE 5475 STONE AVE PORTAGE, IN46368			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
W0000	<p>This visit was a post certification revisit to a fundamental recertification and state licensure survey conducted on August 26, 2011</p> <p>Date of Survey: October 14, 2011</p> <p>Facility number: 003192 Provider number: 15G703 AIM number: 200360510</p> <p>Surveyor: Christine Colon, Medical Surveyor III/QMRP</p> <p>These federal deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality Review Completed by W. Chris Greeney ICF-ID Surveyor Supervisor 11/1/2011</p>			W0000			
W0369	<p>The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.</p>			W0369	<p>Upon receipt of the initial Plan of Correction, the nurse consulted with the pharmacist, when stated that 30 minutes was enough time to eat after receiving Levothyroxine. Documentation from the pharmacy stating the</p>		11/11/2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Based on observation, record review and interview, the facility failed for 1 of 3 sampled clients (client #1) to ensure staff administered the client's medications, as ordered without error.</p> <p>Findings include:</p> <p>A morning observation was conducted at the group home on 10/14/11 from 6:45 A.M. until 7:00 A.M.. Upon entering the group home at 6:45 A.M., Direct Support Professional (DSP) #1 indicated medication administration was at 7:00 A.M. and further indicated 2 clients who resided at the group home received medications at 6:00 A.M., because they had to have their medications on an empty stomach. At 7:10 A.M., client #1 was observed receiving his Levothyroxine 100 mcg (microgram) tablet (hypothyroidism) and his Thera M tablet (supplement). At 7:13 A.M., a review of the medication punch cards and Medication Administration Record (MAR) dated 10/11 indicated: "Levothyroxin 100 mcg tablet...one tablet orally once a day...take on an empty stomach...Thera M tablet...one tablet orally once a day...take on an empty stomach, 1 hour before meals." At 7:23 A.M., client #1 was observed eating his breakfast which</p>				above is attached. See attachment.		

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	<p>consisted of a slice of toast, cottage cheese, peaches, juice and coffee.</p> <p>An interview with the Service Coordinator (SC) was conducted at the facility's administrative office on 10/14/11 at 12:30 P.M.. The SC indicated staff should have followed the directions on the label.</p> <p>This deficiency was cited on 8/26/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>9-3-6(a)</p>						